



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5 14)

(CFA-4)

## Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

### COMMITTEE INFORMATION

1 Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

Vop Osili for Council

2 Acronym or Abbreviated Name (if any)

3 Committee Telephone Number

( 317 ) 332-0877

4 Mailing Address (address where all campaign finance correspondence is received)

☐ Check if this is a new address

133 W. Market St., #184

5 City, State, ZIP Code

Indianapolis, IN 46204

6 Party Affiliation (if applicable)

Democrat

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7 Full Name of Candidate (include any nickname)

Vop Osili

8 Party Affiliation or If Independent Candidate

Democrat

9 Office Sought (Include district number, if any. **Not required for exploratory committee.**)

Indianapolis City County Council, District 11

10 County of Residence

Marion

### TYPE OF REPORT

11 Check one

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other  
☐ Final/Disbands Committee (lines 18, 19, and 20 must be 0's. **XX** Outgoing Treasurer (within 10 days amend Statement of Organization)

### CONVENTION CANDIDATES ONLY

Check one

☐ Pre-Convention  
☐ Post-Convention

12 Reporting Period

From  
January 1, 2016 - December 31, 2016

COLUMN A  
This Period

COLUMN B  
Year to Date

13 Cash on hand and investments at the beginning of this reporting period

1,859.23

14 Cash on hand and investments January 1, current year

1,859.23

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a Itemized (use Schedule A)

300.00

300.00

15b Unitemized

0

0

15c Add lines 15a and 15b in both columns

SUBTOTAL

300.00

300.00

16 Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

2,159.23

2,159.23

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a Itemized (use Schedule B) (Public Question: use Schedule C)

0

0

17b Unitemized

0

0

17c Add lines 17a and 17b in both columns

SUBTOTAL

0

0

18 Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

2,159.23

2,159.23

19 Debts OWED BY the committee (use Schedule D)

0

20 Debts OWED TO the committee (use Schedule E)

0

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Treasurer

Date

1/18/17

Signature of Candidate (if applicable)

Date

1/18/17

JAN 18 2017

FILED

11:49 am

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)**(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from corporations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 2 of 2

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Indianapolis Motor Speedway 4790 W. 16th St. Indianapolis, IN 46222	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	300.00	300.00	11/14/16
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 300.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 300.00		